

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		LOUISIANA DEPARTMENT OF STATE Baton Rouge, Louisiana Division of Corporations	
DOCUMENT # G33048		1. Corporation Name SIGISOARA VENTURES CORP.	
Principal Place of Business % HAROLD RIEZ 5651 SW 92ND AVE MIAMI FL 33173		Mailing Address % HAROLD RIEZ 5651 SW 92ND AVE MIAMI FL 33173	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
		747 Middle Neck Rd PO Box 230403 Great Neck, NY 11023-0403 USA	
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number	
04/13/1983		59-2383569	
Applied For		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Additional Fee required for a Certificate of Status \$5.75	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	REIZ, HAROLD	5651 SW 92ND AVE	MIAMI, FL 33173
AS	SHULMAN, SHERI	12 HEMPSTEAD AVE ROCKVILLE, MD 20850	ROCKVILLE, CENTRE MD, NY
		DATE RECEIVED	04/13/1983
		FORWARDED BY	04/06/99--01084--003
		FILE NUMBER	****158.75 ****158.75
		REGISTERED	
		PROF. NO.	
		FILE NO.	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
REIZ, HAROLD 5651 SW 92ND AVE MIAMI FL 33173		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		Zip Code	
		FL	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.			
Signature of Registered Agent		Date	
1-12-99		1-12-99	
REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
(See other side for information on intangible tax.)			
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: Sheri Shulman		Date 1-12-99	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	